|  |  |                                  |                           |                                |            |                  | Application or Docket Number |               |                        |         |            |                         |  |
|--|--|----------------------------------|---------------------------|--------------------------------|------------|------------------|------------------------------|---------------|------------------------|---------|------------|-------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOI   |  |                                  |                           |                                |            |                  |                              |               |                        |         |            |                         |  |
| K.C.E.   |  |                                  |                           |                                |            |                  |                              | 10/018355     |                        |         |            |                         |  |
| CLAIMS AS FILED - PART I  \( \lambda \cdot |  |                                  |                           |                                |            |                  |                              | MALL E        | YTITY                  |         | OTHER      |                         |  |
| TOTAL CLAIMS   |  |                                  | (COMMIT )                 |                                |            | י<br>ר           | RATE                         | FEE           | OR<br><b>1</b>         | SMALL   |            |                         |  |
| FOR  |  |                                  | NUMBER FILED NUMBER EXTRA |                                |            | -                | BASIC FEE                    | -             |                        |         | FEE        |                         |  |
| TOTAL CHARGEABLE CLAIMS  |  |                                  |                           |                                |            |                  |                              |               | 395                    | OR      | BASIC FEE  | 790.                    |  |
| INDEPENDENT CLAIMS   |  |                                  | 34 minus 34 *             |                                |            | -                | X\$<br>                      |               | OR                     | X\$     | /_         |                         |  |
| MULTIPLE DEPENDENT CLAIM PI  |  |                                  | 8 minus 8 /               |                                |            | -                | X                            |               | OR                     | Х       |            |                         |  |
| ł  | 156-9.9.0                                      | · .                              |                           |                                |            |                  |                              | +             |                        | OR      | +          | /                       |  |
|  |  |                                  |                           |                                |            |                  | L                            | TOTÁL         |                        | OR      | TOTAL      | 790                     |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)   |  |                                  |                           |                                |            |                  |                              |               | :                      |         | OTHÉR      |                         |  |
|  |  | (Column 3)                       | Г                         | SMALL                          |            | OR<br>I          | SMALL                        |               |                        |         |            |                         |  |
| AMENDMENT  |  | REMAINING<br>AFTER<br>AMENDMENT  |                           | NUMBER<br>PREVIOUS<br>PAID FOI | SLY        | PRESENT<br>EXTRA |                              | RATE          | ADDI-<br>TIONAL<br>FEE |         | RATE       | ADDI-<br>TIONAL<br>_FEE |  |
|  | Total  | *                                | Minus                     | **                             |            | =                |                              | X\$           |                        | OR      | X\$        |                         |  |
|  | Independent                                    |                                  | Minus                     | ***                            |            | =                |                              | X .           |                        | OR      | Х          |                         |  |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                           |                                |            |                  | t                            |               |                        |         |            |                         |  |
|  |  | • .                              |                           |                                |            |                  | L                            | +<br>TOTAL    |                        | OR      | TOTAL      |                         |  |
|  |  | (Column 1)                       |                           | (Calumn                        | 0)         | (Caluma 0)       | ^                            | DDIT FEE      |                        | OR      | ADDIT FEE  |                         |  |
| AMENDMENT  | 4.50   | CLAIMS REMAINING AFTER AMENDMENT |                           | (Column<br>HIGHES              | ST         | PRESENT<br>EXTRA | Г                            |               | ADDI-                  |         |            | ADDI-                   |  |
|  |  |                                  |                           | PREVIOUS<br>PAID FO            | SLY        |                  |                              | RATE          | TIONAL<br>FEE          |         | RATE       | TIONAL<br>FEE           |  |
|  | Total  | *                                | Minus                     | ##                             |            | =                |                              | X\$           |                        | OR      | X\$ .      |                         |  |
|  | Independent                                    | *                                | Minus                     | ***                            |            |                  |                              | Х             |                        | OR      | Х          |                         |  |
| <u> </u>   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                           |                                |            |                  |                              |               |                        | OR      | 4          |                         |  |
|  |  |                                  |                           |                                |            |                  | L                            | TOTAL         |                        | OR      | TOTAL      |                         |  |
|  | -  | A                                | DOLT FEE                  |                                | OIT        | ADDIT FFF        | L                            |               |                        |         |            |                         |  |
|  |  | (Column 1)<br>CLAIMS             |                           | (Column<br>HIGHES              | T          | (Column 3)       | Г                            | T             | ADDI-                  |         |            | ADDI-                   |  |
| AMENDMENT  |  | REMAINING<br>AFTER<br>AMENDMENT  | 11. f                     | NUMBER<br>PREVIOUS<br>PAID FO  | SLY        | PRESENT<br>EXTRA |                              | RATE          | TIONAL                 |         | RATE       | TIONAL                  |  |
|  | Total  | *                                | Minus                     | **                             |            | =                |                              | X\$           |                        | OR      | X\$        |                         |  |
|  | Independent                                    | *                                | Minus                     | ***                            |            | =                | T                            | Х             |                        | OR      | Х          |                         |  |
| Щ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                           |                                |            |                  | t                            |               |                        |         |            |                         |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |                                  |                           |                                |            |                  |                              |               |                        | OR      | +<br>TOTAL | ļ                       |  |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  |  |                                  |                           |                                |            |                  |                              |               |                        |         | ADDIT. FÉE |                         |  |
|  | The "Highest Num                               | ber Previously Pal               | d For (Total o            | r Independent)                 | ) Is the I | hlghest number   | r four                       | nd in the app | propriate box          | k in co | lumn 1.    |                         |  |